



Request to Access Electronic Recommendation Form

**Department of Health
Health Regulation and Licensing Administration**

Health Regulation and Licensing Administration

1. Log on to the [DC DOH MMP website](#)
2. Next, click the “Healthcare Practitioners” option.

All qualifying patients have the right to obtain and use marijuana for medical purposes when his or her primary healthcare practitioner has provided a written recommendation that bears his or her signature and license number. This recommendation must assert that the use of marijuana is medically necessary for the patient for the treatment of a qualifying medical condition or to mitigate the side effects of a qualifying medical treatment.

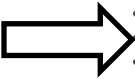
Below are some useful links regarding the Medical Marijuana Program.

- 
- [Program Statistics](#)
 - [Patients and Caregivers](#)
 - [Healthcare Practitioners](#)
 - [MMP Facilities](#)
 - [Announcements](#)
 - [Laws and Regulations](#)
 - [Frequently Asked Questions \(FAQs\)](#)
 - [Physician Education and Training](#)
 - [Advisory Committee](#)
 - [Medical Marijuana Certification Provider](#)
 - [Freedom of Information Act \(FOIA\)](#)
 - [Marijuana Working Group Status Report](#)

3. Then click “Advanced Practice Registered Nurse (APRN)”

Healthcare Practitioners

Follow the link below to learn how to recommend medical marijuana to a qualifying patient:

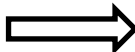

- 
- [Physician](#)
 - [Advanced Practice Registered Nurse \(APRN\)](#)
 - [Dentist](#)
 - [Physician Assistant](#)
 - [Naturopathic Physician](#)

4. Then click “Request to Access Electronic Recommendation Form”.

Advanced Practice Registered Nurse (APRN)


APRN means “the performance of advanced-level nursing actions, with or without compensation, by a licensed registered nurse with advanced education, knowledge, skills, and scope of practice who has been certified to perform such actions by a national certifying body acceptable to the Board of Nursing.”

Follow the link below to learn how to recommend medical marijuana to a qualifying patient

- 
- [Request to Access Electronic Recommendation Form \(APRN\)](#) 

Health Regulation and Licensing Administration

4. Complete the online application form

 Government of the District of Columbia
Department of Health
Health Regulation & Licensing Administration Medical Marijuana Program

Advanced Practice Registered Nurse (APRN) / Nurse Practitioner (NP) Request to Access Electronic Recommendation Form

Complete this form electronically. Once this form is submitted, the Department will verify that your DC Healthcare Professional License is active and in good standing. You will receive an email with instructions on how to access the electronic medical marijuana recommendation form. Please allow 1-3 business days to verify your license. For additional information, please visit the DC Medical Marijuana Program website at <http://doh.dc.gov/mmp>.

* required fields

APRN / NP Information

First Name*
Middle Initial
Last Name*
Specialty/area of clinical practice*
DC Healthcare Professional License#*
Verify DC Healthcare Professional License#*
DOB* mm/yy/yyyy
SSN Last 4 Digits*

Business Address

Street*
Apt/Suite
City*
State* DC
Zip*
Phone*
Email*
Verify Email*

Signature

By typing my name and the date below, I verify that I am the person identified above and that all information provided is true to the best of my knowledge. I am acknowledging that I am aware of District of Columbia Medical Marijuana Laws and Regulations.

Name*
Date* mm/yy/yyyy


Except as provided in section 8 of the Act, a Healthcare Professional License shall not be subject to any penalty, including arrest, prosecution, or disciplinary proceeding, or denial of any right or privilege, for advising a qualifying patient about the use of medical marijuana or recommending the use of medical marijuana to a qualifying patient pursuant to the Act and the rules issued pursuant to the Act. The United States Congress has determined that marijuana is a controlled substance and has placed marijuana in Schedule I of the Controlled Substances Act. Smoking, inhaling, and ingesting cannabis in any capacity, other than as part of a federally authorized research program, is a violation of federal law. The District of Columbia, in authorizing the District's medical marijuana program, will not enforce any provision of federal law that prohibits marijuana or authorizes any requirement to violate federal law.

Connect With Us
doh.dc.gov/mmp
Email: mmp@doh.dc.gov

Address
899 North Capitol Street NE
Washington, DC 20002

Office Hours
Monday to Friday
8:30 am to 4:45 pm

Ask the Director
[Agency Performance](#)

 **DEPARTMENT OF HEALTH**
Protect. Promote. Prevent.

Health Regulation and Licensing Administration

5. Allow 1-3 business days for APRN information verification.

6. Once verified , a Quick Base invitation will be sent to the email address provided by the APRN on the initial electronic recommendation application completed.

DOH MMP: Your request has been received Inbox x



Tamika (DOH) Wells invites you to join DOH Medical Marijuana Applications



doh.mmp@dc.gov (via Quick Base) <notify@quickbase.com>
to me

9:44 AM (31 minutes ago) ☆



Dear APRN. Doe ,

The Department of Health Medical Marijuana Program has received your request to access the electronic Medical Marijuana Recommendation Form. Please allow the Department 1-3 business days to confirm that your medical license is active and in good standing in the District of Columbia. Once your license is confirmed, you will receive an email containing instructions to set up your account and to access the recommendation form.

I want to share the QuickBase "DOH Medical Marijuana Applications" app with you.

[GO TO THIS APP IN QUICKBASE](#)

If you have any additional questions, please visit the Medical Marijuana Website at <http://doh.dc.gov/mmp> or send an email to doh.mmp@dc.gov

Thank you.

This was sent by Intuit QuickBase. If you have trouble using the links above, copy and paste the following link into your browser's address bar: <https://octo.quickbase.com/db/main?i=pv&uid=59339408&pp=bvcvgk3ke5cp77ihbb94pniic4qastjd283tytcwxkh9vd7gupiudn377mw!abkqcpdft5&dbid=bwvy2t5h7>

For security reasons, this link will expire in six months.

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Health Regulation and Licensing Administration

7. Click the “Sign in” button (indicated by the blue arrow)

The screenshot shows the user interface of the Health Regulation and Licensing Administration website. At the top right, there are two buttons: '+ New' and 'Sign in'. A blue arrow points to the 'Sign in' button. Below the navigation bar, there is a 'My Apps' section with a 'Home' button and a 'DOH Medical Marijuana Applications' link. The main content area features the Government of the District of Columbia logo and the Department of Health logo. The footer contains contact information, address, office hours, and social media links.

Government of the District of Columbia
Department of Health
Health Regulation & Licensing Administration

Connect With Us
Phone [\(202\) 442-5955](tel:(202)442-5955)
Fax [\(202\) 442-4795](tel:(202)442-4795)
TTY 711

Address
899 North Capitol Street NE
Washington, DC 20002

Office Hours
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[Ask the Director](#)
[Agency Performance](#)

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8. Health Regulation and Licensing Administration

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Username

Password

[I forgot my password](#)

Keep me signed in on this computer

Not a QuickBase user? [Create a log-in.](#)

Welcome to the DC Government Quickbase application!

Please login in using your **entire dc.gov email address** (normally `firstname.lastname@dc.gov`) as Username and your network/email password.

If your email or password is not recognized, please [contact Citywide Messaging](#) and let them know you cannot log into Quickbase.

If you do not have a dc.gov email address please contact the application manager or agency contact to submit a trouble ticket or gain access.

9. Then, complete the “Sign Up for Quick Base” form

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Sign Up for QuickBase

All fields marked with an asterisk (*) are required.

First name*

Last name*

Email address

Choose a password*

Retype password*

Password strength:

✓ Must be at least 8 characters

✓ Must include both numbers and letters

Please set up a security question in case you ever need to reset your password.

Question:*

Answer:*

Retype Answer:*

✓ Security answers must match

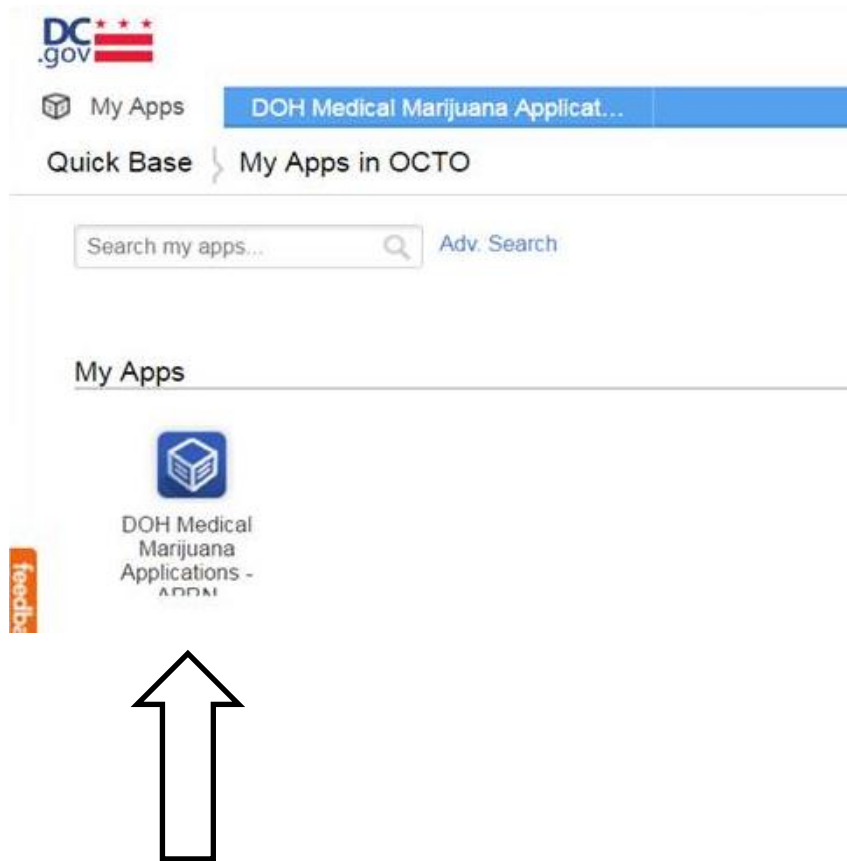
Your answer is not case sensitive.

I have read and agree to the QuickBase [Terms of Service](#)

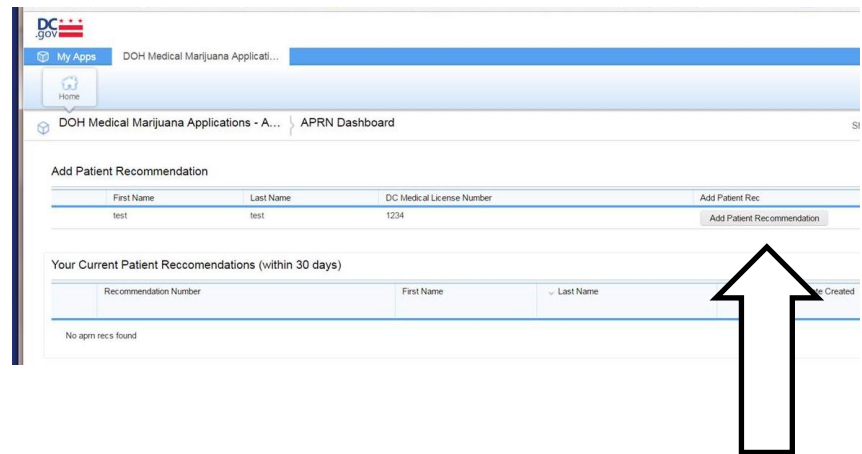
Register

10. When you have successfully logged in, click “Add Patient Recommendation” to enter.

When the patient information is entered, click “Submit” and an email will be sent to the patient for confirmation.



The screenshot shows the DC.gov My Apps interface. At the top left is the DC.gov logo. Below it, there's a 'My Apps' section with a blue bar for 'DOH Medical Marijuana Applicat...'. Underneath, it says 'Quick Base > My Apps in OCTO'. There is a search bar with the text 'Search my apps...' and a magnifying glass icon, followed by a link for 'Adv. Search'. Below the search bar, the 'My Apps' section is visible, featuring a blue cube icon and the text 'DOH Medical Marijuana Applications - APRA'. A large white arrow with a black outline points upwards from the bottom of the page towards this app icon.



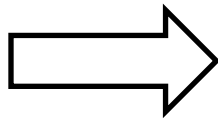
The screenshot shows the 'Add Patient Recommendation' form. At the top, there's a navigation bar with 'My Apps' and 'DOH Medical Marijuana Applicat...'. Below that, there's a 'Home' button and a breadcrumb trail: 'DOH Medical Marijuana Applications - A... > APRN Dashboard'. The main form area is titled 'Add Patient Recommendation' and contains a table with the following data:

First Name	Last Name	DC Medical License Number	Add Patient Rec
test	test	1234	Add Patient Recommendation

Below the table, there's a section titled 'Your Current Patient Recommendations (within 30 days)' with a table that has columns for 'Recommendation Number', 'First Name', 'Last Name', and 'Date Created'. The text 'No aprn recs found' is displayed below this table. A large white arrow with a black outline points upwards from the bottom right of the page towards the 'Add Patient Recommendation' button in the table.

**11. If your user ID is already registered then you will see the following message
“Your user account is already registered and verified. Please sign in”.**

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Your user account is already registered and verified.
Please sign in.

Welcome to the DC Government Quickbase application!

Username

Password

[I forgot my password](#)

Sign in

Keep me signed in on this computer

Not a QuickBase user? [Create a log-in.](#)

Please login in using your **entire dc.gov email address** (normally firstname.lastname@dc.gov) as Username and your network/email password.

If your email or password is not recognized, please [contact Citywide Messaging](#) and let them know you cannot log into Quickbase.

If you do not have a dc.gov email address please contact the application manager or agency contact to submit a trouble ticket or gain access.

12. To reset your password, click “Forgot my Password” to regain access to Quick base

octo

Forgot my Password




Don't worry, it happens to everyone. We'll get you back into QuickBase right away.

Email or user name

[Back to Sign In](#)

[Reset my Password](#)

13. Enter a new password


  My Apps 

Quick Base } Choose a new password

Choose a new password for your user account at octo.quickbase.com:

Enter New Password:

Retype New Password:

Password strength: 

- ✓ Must be at least 8 characters
- ✓ Must include both numbers and letters

OK

Contact

- **Medical Marijuana Program Website :** <http://doh.dc.gov/mmp>
- **Email :** doh.mmp@dc.gov
- **Fax :** [877-862-4252](tel:877-862-4252)
- **Address:**
 - Medical Marijuana Program**
 - 899 North Capitol Street NE, 2nd Floor**
 - Washington , DC 20002**